OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII **CAMPAIGN SPENDING COMMISSION**

RECEIVED

DISCLOSURE REPORT CANDIDATE COMMITTEEN JUL -5 PM 12: 48

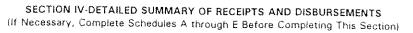
PLEASE TYPE OR PRINT CL	EARLY WITH INK (INSTRUCTIONS FOR COMPLET	ING THE DISCLOSURE REPORT CAN BE	FOUND IN THE GUIDI	BOOK FOR CAN	DEPATE COMMITTEES.")		
	DATE AND CANDIDATE COMMIT	TEE: SECTION I	I-TYPE OF REPO	RT:	\		
(a) Candidate Name:	(See the	(See the Schedule of Reporting Dates to complete this section)					
Robert H. 1	1st Pre	liminary Primary	nded First Third				
(b) Committee Name	b) Committee Name: Friends of Bob Nakasone		eliminary Primary	t Form			
(c) Mailing Address:	140 Alamaha Street	Final Pr	imary				
	Kahului, HI 96732	Prelimin	nary General	RI	REPORTING PERIOD		
(d) Phone (Bus)	(Res)	Final El	ection Period	11/02/0	/ 12/21/0/		
	Treasurer's	Suppler	mental	11/03/04	1/03/04 through 12/31/04		
		MMARY OF RECEIPTS AND the Back of this Form Befor		Section)	COLUMN B ELECTION PERIOD ² TOTAL TO DATE		
1. Cash on Hand at	the Beginning of the Election Period				5,907.24		
2. Cash on Hand at	the Beginning of this Reporting Period		5,907	. 24	2		
3. Total Receipts (F	rom Line 15)		275	.00	275.00		
4. Subtotal (Add Lin	nes 2 and 3 for Column A and Lines 1 .	and 3 for Column B)	6,182	.24	6,182.24		
5. Total Disburseme	ents (not including Unpaid Expenditures	s) (From Line 19)	1,396	.04	1,396.04		
6. Cash on Hand at	the Closing of this Reporting Period (S	ubtract Line 5 from Line 4)	4,786.	. 20	4,786.20		
7. Total Loans at the	e Closing of this Reporting Period		-		7		
8. Total Unpaid Exp	enditures at the Closing of this Reporti	ng Period	-		8		
9. Debts Owed at th	ne Closing of this Reporting Period (Add	d Lines 7 and 8)	-		9		
10. Surplus/Deficit /S	ubtract Line 9 from Line 6)		4,786.	20	10		
hereby certify that th	e information on this report and all att	ached Schedules are true, corr	ect and complete	to the best o	f my knowledge.		
Robert &	Nahame	07/01/06 Pru	Lunca &) <u>[</u>	07/01/06		
Candidate Signature	Da	te Treasurer Sign	nature		Date		

a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

Short form reporting requires completion of only Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if



RECEIPTS

COLUMN A

TOTAL THIS PERIOD

COLUMN B ELECTION PERIOD TOTAL TO DATE

RECEIPTS	TOTAL THIS PERIOD	TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	275.00	275.00	11(aj(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	-	_	1 T (a) (ii
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))	275.00	275.00	11(a)(iii
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less			11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	wo.	_	11 (b)(ii
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))		_	1 1 (b) {iii
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	275.00	275.00	12
13. Public Funds and Other Receipts.	·		13
14. Loans		-	14
15. Total Receipts (Add Lines 12 through 14)	275.00	275.00	15
DISBURSEMENTS			
16. Expenditures	1,396.04	1,396.04	16
17. Loans Repaid or Forgiven			17
18. Unpaid Expenditures Paid or Forgiven			18
19. Subtotal Disbursements (Add Lines 16 through 18)		Man-	19
20. Unpaid Expenditures			20
21. Total Disbursements (Add Lines 19 and 20)	1,396.04	1,396.04	21

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

ROBERT T	ND CANDIDATE COMMITTEE NAME: Of Bob Nakasone	PAGE 1 O	F 2
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON MONETARY CONTRIBUTION Don Karimoto 545 Nipo Street Wailuku, HI 96793	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION Reimbursement for volunteer dinner	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON MONETARY CONTRIBUTION THIS PERIOD 143.01
11/26/04	NON MONETARY CONTRIBUTION Verizon Hawaii P. O. Box 30001 Inglewood, CA 90313	Telephone service for headquarters (November to December)	66.51
12/09/04	Ooka Super Market 1870 Main Street Wailuku, HI 96793	Food items for campaign get-together (12/10/04)	373.96
12/09/04	□ NON MONETARY CONTRIBUTION VIP Cash N Carry Kahului, HI 96732	Food items for campaigr get-together (12/10/04)	275.61
12/29/04	NON-MONETARY CONTRIBUTION PostMaster Kahului Post Office Kahului, HI 96732	Annual bulk mail permit fee	150.00
2/14/04	□ NON-MONETARY CONTRIBUTION Richard Yamasaki 295 Kaulawahine Street Kahului, HI 96732	Reimbursement for food items for campaign get-together (12/10/04)	27.98
2/29/04	NON-MONETARY CONTRIBUTION Emura Jewelry & Gift Shop 49 Market Street Wailuku, HI 96793	Trophy for Chrysanthemu Ball (Donation)	n 80.00
1. SUBTOTAL O	F EXPENDITURES THIS PERIOD (This Page)		1,117.07
	IDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Nu	·	PP 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

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Friends	. Nakasone of Bob Nakasone	PAGE 2 OF	2			
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OF FAIR MARKET VAL OF NON-MONETAR CONTRIBUTION THIS PERIOD			
12/29/04	□ NON-MONETARY CONTRIBUTION Ah Fook's Kahului Shopping center Kahului, HI 96732	Gift certificates and groceries for campaign get-together (12/10/04)	183.25			
12/29/04	NON-MONETARY CONTRIBUTION Verizon Hawaii P.O. Box 30001 Inglewood, CA 90313	Telephone service for headquarters (December to January)	66.51			
12/29/04	NON-MONETARY CONTRIBUTION Ameritone Maui 140 Alamaha Street Kahului, HI 96732	Reimbursement for postage	29.21			
	NON-MONETARY CONTRIBUTION					
	NON-MONETARY CONTRIBUTION					
	NON-MONETARY CONTRIBUTION					
	NON-MOLETARY CONTRIBUTION					
	F EXPENDITURES THIS PERIOD (This Page).	 -	278.97			
TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)						



ACQUISITION OF DURABLE ASSETS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Robert H. Nakasone

Friends of Bob Nakasone

ACQUISITION OF ASSETS

The purchase or lease of an asset must also be reported as an "Expenditure" on Schedule B.

DATE OF ACQUISITION	FULL NAME, SYREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR DONOR	DESCRIPTION OF ASSET	ACQUISITION COST O FAIR MARKET VALUE OF ASSET
08/18/00	Costco Wholesale Maui Kahului, HI 96732	29559 HP LJ1100XI Laser Printer	\$ 395.82
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First Hawaijan Bank BUSINESS CHECKING

FRIENDS OF BOB NAKASONE 140 ALAMAHA ST KAHULUI HI 96732

021

Page

Statement Period: December 01, 2004 thru December 31, 2004

Number of Items Enclosed:

6

Account# 21-072427

irect Inquiries or Report Errors to: rst Hawalian Bank AHULUI BRANCH) W KAAHUMANU AVE AHULUI HI 96732 tone: (808) 877-2311

This statement will be considered correct if no errors are reported within 60 days for personal electronic fund transfers, or within 30 days for all other transactions.

ALL OF US AT FIRST HAWAIIAN BANK JOIN TOGETHER IN WISHING YOU AND YOUR FAMILY A VERY JOYFUL HOLIDAY SEASON AND A SAFE AND PROSPEROUS NEW YEAR!

JUMMARY - BUSINESS CHECKING Account # 21-072427 Balance at Beginning of this Statement Period on 12/01/2004 \$ 13,186.43 Plus: Deposits and Other Credits Totaling .00 Less: Checks and Other Debits/Withdrawals Totaling 1,007.58 Balance at End of this Statement Period on 12/31/2004 \$ 12.178.85

For this Statement Period:

Average Balance Minimum Balance

12,640.12 12,178.00

CHECKS PAID

Date	Check #	Amount	Date	Check #	Amount
12/28/04	1079	120.51	12/13/04	1097	373.96
12/20/04	1095 *	143.01	12/13/04	1098	275.61
12/03/04	1096	66.51	12/16/04	1100 *	27.98

* Indicates break in check sequence



FRIENDS OF BOB NAKASONE 140 ALAMAHA ST KAHULUI HI 96732

Acct. # 21-072427

Page 2 of 2 Statement Period: December 01, 2004 thru December 31, 2004

DAILY ACCOUNT BALANCE

Posting Date	Account Balance	Posting Date	Account Balance
11/30/04	13,186.43	12/16/04	12,442.37 12,299.36
12/03/04	13,119.92 12,470,35	12/20/04 12/28/04	12,178.85



HOW TO READ YOUR STATEMENT

Definition of Terms:

Combined Account Information: summarizes all of the accounts covered by this statement.

Combined Balance: is the sum of all accounts covered.

Account Summary: summarizes all activity during this statement period.

Account Activity: lists each debit and credit for that day in chronological order.

Note: Each account included on a combined statement is not necessarily owned by all of the account holder(s) listed on page 1 of this statement.

RECONCILIATION OF YOUR ACCOUNT

DEPOSITS NOT CREDITED			CHECKS OUTSTANDING						
Date	Amo	unt	Check No.	Amount	Check	No.	Amount	Check No.	Amount
	***************************************		1021	468.75				**	
			1068	190.00					
			1099	150.00					
			1101	80.00					
			1102	183.25					
			1103	66.51					
			1104	29.21					
TOTAL	\$							TOTAL	\$1167.7
			RECONCI	LIATION OF YOUR	ACCOL	INT			
		ENTER ENDIN	IG BALANCE SHOW				2178.85	>	
	<u> </u>	ADD TOTAL D	EPOSITS NOT CRE	DITED		+			
		SUBTOTAL				=			
			OTAL CHECKS OUT	STANDING			167.72	-]<
		ТОТ	***************************************		***************************************		[011,13		
		YOUR BALAN			•		011.13		···· ~
		ADD INTERES	ST (IF ANY)			+ 1	1011 12	***************************************	_
		SUBTOTAL	EDVICE CHARCE (I	F A&S/A		-	1011.13	****	
			ERVICE CHARGE (II AL (SHOULD AGR		BOVE		011.13	······································	

FOR AN UP-TO-DATE CHECKING ACCOUNT STATEMENT

Get an AskAnyDaySMstatement at any First Hawalian Bank OttoSMautomated teller machine. It reports all activity in your account since your most recent monthly statement, up to the previous business day. A nominal fee for the statement will be charged to your checking account. FOR TODAY'S ACCOUNT BALANCE or other inquiries (such as whether a pre-authorized credit has been made), you may call the number listed on page 1 of your statement. Reconcile your checking account online. Go to www.fnb.com to enroll.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (Applicable to Personal Accounts Only)

Call us or write to us at the telephone number and address shown on the first page of this statement as soon you can, if you think your statement or eccipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we can you the FIRST statement on which the problem or error appeared. When reporting an error or requesting more information: 1) Tell us your name ar account number. 2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why steed more information. 3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we ake more than 10 business days (or 20 business days for new accounts) to do this, we will recredit your account for the amount you think is in error, so business of the money during the time it takes us to complete our investigation.